

Sheep Serology Request

WVSC Ref:	WVSC USEONLY
Date received:	WVSC USEONLY

PLEASE COMPLETE THE ADDITIONAL HISTORY AS FULLY AS POSSIBLE

CLIENT'S NAME & ADDRESS

Click or tap here to enter text.

CPHH: Click or tap here to enter CPHH.

Address where animals kept, if different from above:

Click or tap here to enter text.

CPHH : Click or tap here to enter CPHH.

VETERINARY PRACTICE

Click or tap here to enter text.

Email(s)*: Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Clinician: Click or tap here to enter text.

& Mobile No. Click or tap here to enter text.

* The email address(es) given will be used to report results.

For a flock sheep scab screen test, please take blood (plain/red-top) from 12 sheep per management group (and include those with wool loss or signs of scratching). Please provide as much additional information as possible.

Reason for testing		
Sheep scab <u>diagnosed</u> on the farm in the previous 2 years?	Yes/No	
If yes, how was it diagnosed?		Choose an item or type in other.
Sheep scab <u>suspected</u> on the farm in the previous 2 years?	Yes/No	
Last treatment against scab:	Enter date.	Product Used: Click or tap here to enter text.

Flock Type

Hill

Upland

Lowland

Lamb Finisher

Total animals on farm

Breeding Ewes	xxx	Replacements	xxx	Rams	xxx	Lambs	xxx	Other	xxx
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Biosecurity (please mark all that apply on farm)

Incoming sheep protocols:

Boundary is double fenced <input type="checkbox"/>	Use contractors for scanning <input type="checkbox"/>	Incoming sheep isolated for 3 wks <input type="checkbox"/>
Neighbouring sheep break in/out <input type="checkbox"/>	Use contractors for shearing <input type="checkbox"/>	Treated for scab on arrival <input type="checkbox"/>
Share facilities / equipment <input type="checkbox"/>	Use contractors for dipping <input type="checkbox"/>	If yes, with what? xxx
Share stock trailers <input type="checkbox"/>	Keepers do work on other farms? <input type="checkbox"/>	Blood tested for scab in isolation <input type="checkbox"/>

Date of sampling: Enter date. Total number of tubes submitted: Click or tap here to enter text.

COMMENTS (e.g. Has group been treated recently, if so with what. Which ones, if any, showed signs of scab?):

Please tick this box if samples cannot be used anonymously for research and/or test development

DATA PROTECTION: Any information given on this form regarding samples submitted for sheep scab antibody ELISA may be shared with the Gwaredu Scab as part of the Gwaredu Scab project. For further information on how we handle personal data please read our privacy notice at www.wvsc.wales

GROUP NAME/REFERENCE:		Click or tap here to enter text.			
TOTAL NUMBER IN GROUP (INCLUDING THOSE NOT SAMPLED):		xxx			
ANIMAL ID:		TUBE REFERENCE NUMBER: or Blood Tube Barcode Sticker	Age	Sex	WVSC USE:
1.	Ear Tag	Tube Number			
2.	Ear Tag	Tube Number			
3.	Ear Tag	Tube Number			
4.	Ear Tag	Tube Number			
5.	Ear Tag	Tube Number			
6.	Ear Tag	Tube Number			
7.	Ear Tag	Tube Number			
8.	Ear Tag	Tube Number			
9.	Ear Tag	Tube Number			
10.	Ear Tag	Tube Number			
11.	Ear Tag	Tube Number			
12.	Ear Tag	Tube Number			
13.	Ear Tag	Tube Number			
14.	Ear Tag	Tube Number			
15.	Ear Tag	Tube Number			

Flock Screen with Enferplex (CLA, Johne's/MAP, MVV/CAEV antibody multiplex ELISA)	<input type="checkbox"/>	BDv Antibody ELISA	<input type="checkbox"/>
		<i>Chlamydia abortus</i> Antibody ELISA	<input type="checkbox"/>
		Johne's Antibody ELISA	<input type="checkbox"/>
Abortion Package (<i>T. gondii</i> , <i>C. abortus</i> , BDv Antibody ELISAs)	<input type="checkbox"/>	Sheep Scab ELISA	<input type="checkbox"/>
		<i>Toxoplasma gondii</i> Antibody ELISA	<input type="checkbox"/>
		ZST Test - Serum	<input type="checkbox"/>

Please click '+' or reprint this page (and paginate) supplementary sheets for additional animals/groups